



ARPC Beneficiary Designation Form

1700 North Brown Rd, Suite 106, Lawrenceville, GA 30043 • Phone: 800.789.8765 • Fax: 678.825.1261

1 – PARTICIPANT INFORMATION			
First Name:	Middle:	Last:	
Date of Birth:	SSN:	Marital Status:	
Address:		City/State/ZIP	
Email Address:		Phone:	
Spouse Name:	Date of Birth:	SSN:	
2 – APPLY BENEFICIARY UPDATE TO PLANS			
This Beneficiary Designation or update applies to the retirement plans and/or benefits maintained by PCA Retirement and Benefits in which I am a participant and should be applied as checked below.			
<input type="checkbox"/>	My Retirement Plan and Life Insurance Benefit Plans		
<input type="checkbox"/>	My Retirement Plan Only		
<input type="checkbox"/>	My Insurance Plans Only		
3 – BENEFICIARIES			
I designate the following persons as my beneficiaries to receive benefits payable, under separate accounts, from the plans indicated above, in the event of my death except for such benefits, if any, which are payable according to the terms of the applicable plan rather than under this Beneficiary Designation.			
The benefit will be paid to my Primary Beneficiaries living at my death and in equal shares to each unless otherwise indicated. If no Primary Beneficiary is living at my death, the benefit will be paid, under separate accounts, to my Secondary Beneficiaries living at my death and equal shares to each unless otherwise indicated. If no Primary or Secondary Beneficiary survives me, payment will be made according to the terms of the plans.			
For the plans listed above, all prior Beneficiary Designations, if any, are revoked with this completed form.			
Designations: Indicate percentage for each beneficiary as Per Capita or Per Stirpes as explained below.			
<i>Per Capita:</i> The assigned surviving Primary or Secondary beneficiary(ies) will receive an equal share of the benefit.			
<i>Per Stirpes:</i> If an assigned Primary or Secondary beneficiary is not living at the time of your death, their designated percentage will be passed to their descendants.			
PRIMARY BENEFICIARY			
If married, your Spouse is generally listed as the sole Primary Beneficiary. Additional signature indicating Spousal Consent is required in Section 4 of this form if you are married and the Primary Beneficiary is listed as someone other than your Spouse or if the Primary Designation is divided between your Spouse and an additional person or persons.			
<ul style="list-style-type: none"> • For each Primary Beneficiary, add the requested information below. • If you wish to give more than two, please attach a second signed and dated page listing additional Primary Beneficiaries with the requested details. • Corrections to a Beneficiary name will void the Designation. • The percent Designated must total 100%. 			
Name	DOB	Relationship to You	Percent Designation _____ Per Capita _____ Per Stirpes
Address	City/State/ZIP		Email
Name	DOB	Relationship to You	Percent Designation _____ Per Capita _____ Per Stirpes
Address	City/State/ZIP		Email



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SECONDARY BENEFICIARY

Secondary or Contingent Beneficiaries become the plan beneficiaries if the stated Primary Beneficiary or Beneficiaries are no longer living at the time of the Participant's death or if the Primary Beneficiary(ies) disclaim the benefit.

Secondary Beneficiary Name	DOB	Relationship to You	Percent Designation ____ Per Capita ____ Per Stirpes
Address	City/State/ZIP		Email
Secondary Beneficiary Name	DOB	Relationship to You	Percent Designation ____ Per Capita ____ Per Stirpes
Address	City/State/ZIP		Email
Secondary Beneficiary Name	DOB	Relationship to You	Percent Designation ____ Per Capita ____ Per Stirpes
Address	City/State/ZIP		Email
Secondary Beneficiary Name	DOB	Relationship to You	Percent Designation ____ Per Capita ____ Per Stirpes
Address	City/State/ZIP		Email

4 – SPOUSAL CONSENT

If married, and as noted above in Section 3, Spousal Consent is required only if someone other than the Spouse or in addition to the Spouse is named as Primary Beneficiary on this form.

I, _____ (print name), Spouse of the Participant, consent to the Beneficiary designations as made in Section 3 by the Participant.

I understand these beneficiary designations and acknowledge the following:

- Benefits payable from the plan(s) upon the death of the Participant will be paid to the named Beneficiary or Beneficiaries *rather than to me or in addition to me*, and that
- Such Beneficiary Designation may be invalid without my consent, and that
- I may not revoke this consent unless my Spouse revokes the Beneficiary Designations.

Spouse Signature:	Date:
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5 – PARTICIPANT SIGNATURE

Participant Signature:	Date:
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6 – SIGNATURE BY NOTARY PUBLIC OR WITNESS

- Forms that require Spousal Consent in Section 4 above also require signature and stamp by a Notary.
- *If this form was completed in the presence of an RBI employee, their signature can be used rather than a Notary.*
- If Beneficiaries are being submitted with the original enrollment, no Notary or Witness signatures are necessary.

Acknowledged before me this _____ day of _____ (month), _____ (year).

Notary Public: _____

State: _____

My commission expires: _____

7 – SUBMIT COMPLETED FORM TO RBI

- Review this form and confirm all requested information is provided. *Incomplete forms will not be processed.*
- Make a copy of this form for your records.
- If Spousal and Participant signatures required witness of a Notary Public, mail the signed original form to:

PCA Retirement & Benefits
1700 North Brown Road, Suite 106
Lawrenceville, GA 30043

- Other completed forms may be submitted via FAX to the RBI office: 678-825-1261